

2026-2027

TEAM MEMBER BENEFITS GUIDE

May 1, 2026 - April 30, 2027

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for medical benefits if you work 30 or more hours per week. For other benefits you will need to meet company full-time status hours to be eligible. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- } Your legally married spouse
- } Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue your health coverage.

When Coverage Begins

- } **New Hires:** You must complete the enrollment process within 45 days. If you enroll on time, coverage for Medical, Telemedicine, Dental, Vision, Voluntary Life and Voluntary Options are effective the first of the month following 2 months from your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- } **Open Enrollment:** Changes made during Open Enrollment are effective May 1, 2026 - April 30, 2027.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year.

Following are examples of the most common qualified life events:

- } Marriage or divorce
- } Birth or adoption of a child
- } Child reaching the maximum age limit
- } Death of a spouse or child
- } You lose coverage under your spouse's plan
- } You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Enrollment

Go to the website below to enroll in benefits. There, you will find detailed information about the plans available to you and instructions for enrolling

hub.employeenavigator.com

Company Identifier

BlvdHome

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Employee Navigator

You can:

- Enroll In coverage & update benefits
- Access benefit summaries
- Find key contact info for insurance carriers and HUB management
- Access required legal and compliance notices

Your benefits website: hub.employeenavigator.com

First Time Registration:

1. Access website, click on “New User Registration”
2. Provide personal information and company identifier
3. Create username and password

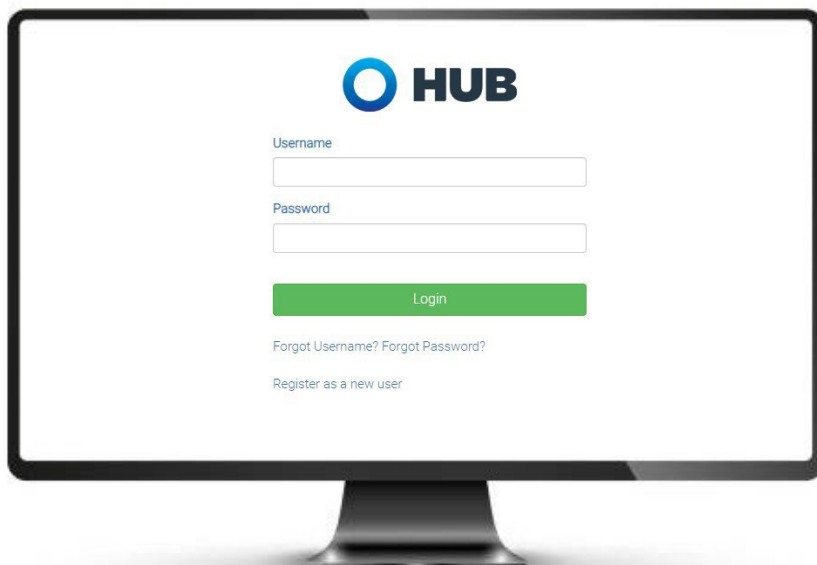
Open Enrollment/New Hire Login

1. Access website to login
2. Log in using username and password previously created
3. Click on “Start” button next to New Hire Enrollment
4. Complete employee info
5. Enroll or decline each eligible benefit option in benefits
6. Review benefit elections in summary and click **AGREE** to electronically sign

Making Changes

1. Access website to login
2. Log in using username and password
3. Click the “Change Benefits” Box and select applicable option
4. Follow prompts & complete required fields & applicable forms
5. **Provide required documentation to HR within 30 days of event date.**

Benefit Education can also be found at www.boulevardhome.net/benefits.html



Wittwer Hospitality TM's

hub.employeenavigator.com

BldvHome

www.boulevardhome.net

Company Identifier

BldvHome

Cost of Coverage - Premiums listed as Per-Paycheck

Your contributions toward the cost of medical, dental, vision, accident, hospital, and first of \$50,000 of life insurance coverage are automatically deducted from your paycheck before taxes. The rates listed below are the per-paycheck rates.

Benefit Type	Benefit	Coverage	Total Cost of Insurance per Paycheck	Company Pays per Paycheck	Team Member Cost per Paycheck With Wellness	Team Member Cost Without Wellness Discount													
Medical (MotivHealth)	HDHP HSA \$4,500 / \$9,000	Team Member Two-Party Family	\$279.00 \$635.00 \$907.50	\$248.00 \$450.00 \$557.50	\$31.00 \$185.00 \$350.00	\$56.00 \$235.00 \$400.00													
Wellness Participation (Discount)		Team Member Two-Party Family		\$25.00 \$50.00 \$50.00															
Telemedicine (HealthiestYou)		Team Member Two-Party Family	100% Employer-Paid if Enrolled in Medical Coverage																
		Team Member Two-Party Family		\$5.00 \$5.00 \$5.00															
Company HSA Contribution (Made once a month)		Team Member Two-Party Family		\$25.00 \$25.00 \$25.00															
Dental (Cigna)	Low Plan	Team Member Two-Party Family		\$11.18 \$23.15 \$35.27															
	High Plan	Team Member Two-Party Family		\$19.10 \$41.65 \$67.71															
Vision (Cigna)	EyeMed - C1 Standard PPO Plan	Team Member Two-Party Family		\$4.36 \$7.73 \$11.82															
Life/AD&D (Mutual of Omaha)	Voluntary Life	Team Member + Dependents	Age		Rate														
			0-34	\$0.29	35-39	\$0.48	40-44	\$0.65	45-49	\$0.99	50-54	\$1.60	55-59	\$2.64	60-64	\$3.99	65-69	\$6.40	70+
	Voluntary AD&D	Team Member Family		\$0.13 per \$10,000 \$0.23 per \$10,000															

Cost of Coverage - Premiums listed as Per-Paycheck

Your contributions toward the cost of medical, dental, vision, accident, hospital, and first of \$50,000 of life insurance coverage are automatically deducted from your paycheck before taxes. The rates listed below are the per-paycheck rates.

Benefit Type	Benefit	Coverage	Benefits Age-Banded Costs							
Disability (Colonial)	STD	Short Term Disability* 3-Month Benefit Period * Sample Monthly Benefit Amount	Elimination Period	7 days accident 7 days Illness			14 days accident 14 days Illness			
			Age	17-49	50-64	65-74	14-49	50-64	65-74	
			\$1,000	\$13.75	\$15.80	\$19.15	\$8.95	\$10.85	\$13.50	
			\$1,500	\$20.63	\$23.70	\$28.73	\$13.43	\$16.28	\$20.25	
			\$2,000	\$27.50	\$31.60	\$38.30	\$17.90	\$21.70	\$27.00	
\$2,500	\$34.38	\$39.50	\$47.88	\$22.38	\$27.13	\$33.75				
\$3,000	\$41.25	\$47.40	\$57.45	\$26.85	\$32.55	\$40.50				
Disability (Colonial)	STD	Short Term Disability* 6-Month Benefit Period * Sample Monthly Benefit Amount	Elimination Period	7 days accident 7 days Illness			14 days accident 14 days Illness			
			Age	17-49	50-64	65-74	14-49	50-64	65-74	
			\$1,000	\$17.25	\$22.75	\$29.55	\$12.10	\$15.45	\$20.40	
			\$1,500	\$25.88	\$34.13	\$44.33	\$18.15	\$23.18	\$30.60	
			\$2,000	\$34.50	\$45.50	\$59.10	\$24.20	\$30.90	\$40.80	
\$2,500	\$44.63	\$56.88	\$72.38	\$30.25	\$38.63	\$51.00				
\$3,000	\$51.73	\$68.25	\$88.65	\$36.30	\$46.35	\$61.20				
Accident	Accident	Team Member Team Member + Spouse Team Member + Child(ren) Family	\$7.10 \$11.49 \$12.85 \$17.24							
Hospital Confinement	Hospital	Team Member Team Member + Spouse Team Member + Child(ren) Family	Rate per Age							
			17-49		50-59		60-64		65-99	
			\$8.52		\$10.59		\$14.31		\$19.62	
			\$15.03		\$20.60		\$29.18		\$40.11	
			\$1250		\$14.58		\$18.29		\$23.60	
\$19.02		\$24.59		\$33.17		\$44.10				
Critical Illness Non-Tobacco	Critical Illness (Rates are per \$10,000)	Team Member Team Member + Spouse Team Member + Child(ren) Family	Rate per Age							
			16-29	30-39	40-49	50-59	60-74			
			\$3.25	\$5.00	\$8.80	\$14.90	\$33.93			
			\$4.95	\$7.55	\$13.25	\$22.75	\$51.75			
			\$3.50	\$5.25	\$9.10	\$15.20	\$34.38			
\$5.20	\$7.80	\$13.55	\$23.05	\$52.20						
Critical Illness Tobacco	Critical Illness (Rates are per \$10,000)	Team Member Team Member + Spouse Team Member + Child(ren) Family	Rate per Age							
			16-29	30-39	40-49	50-59	60-74			
			\$4.35	\$7.00	\$13.05	\$22.75	\$53.95			
			\$6.60	\$10.50	\$19.65	\$34.90	\$82.50			
			\$4.65	\$7.25	\$13.35	\$23.05	\$54.40			
\$6.85	\$10.75	\$19.95	\$35.20	\$83.03						
Pet Insurance (Spot)	Pet Insurance	Employee	Varies by pet. Please use the link on page 14 to confirm rates							

Maximizing your Medical Plan

MotivHealth

We are proud to offer you a medical plan that provides comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of the plan. Your Health Savings Account is administered by MotivHealth.

MotivHealth \$4,500 Single/\$9,000 Family HSA

This High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the following Network based on your residency: Utah residents MotivHealth Utah Network in Utah and Cigna Nationwide, Arizona residents BlueCross Blue Shield of Arizona in Arizona, MotivHealth Utah Network in Utah and Cigna Nationwide, Nevada residents Cigna Network In Nevada and Nationwide. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- **Out-of-Pocket Maximum:** On our plan, your deductible is your out-of-pocket maximum. Once you meet this, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. Suggested monthly minimum HSA contribution; \$25 for Team Member, \$50 for 2-Party and \$100 Family to your HSA. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or be enrolled in another nonqualified plan through a parent or spouse. See the plan documents for full details.

Important: Your contributions may not exceed the annual IRS limits listed below.

IRS HSA Contribution Limit	2026
Team Member Only	\$4,400
Family (Team Member + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans¹, retire or leave the company. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents’ doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery. You can also choose to invest your HSA funds; HSA balances over \$2,000 can be invested.

¹ You must be enrolled in a qualified health plan to contribute to an HSA.

MotivHealth - Steps Incentive Program

Earn \$1 for every day you and your covered spouse walk 8,000 or more steps up to 20 days per month. Earnings will be deposited into your HSA. Add the \$10 December bonus and that's [\\$250 a year \(\\$500 with enrolled spouse\) in HSA contributions](#), at the same time, you can improve your health and cardiovascular capacity.

- **Go to Member Account:** Log into member.motivhealth.com, or create an account following the prompts if you don't already have one.
- **Choose a Steps Device:** If you don't already own a device that tracks your steps, visit the QR code below to request your **FREE MotivTrax device**.

LEARN MORE



MOTIVTRAX



- **Connect Member Account:** Allow your app to sync with your member account. (Instructions at QR code.)
- **Earn Cash for Cardio:** Start Earning by Walking! Be sure to log your steps.

For more information contact us at www.motivhealth.com or our service center (844) 234-4472.

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	MotivHealth \$4,500 Single/\$9,000 Family HSA Motiv/Health Utah Network: For Utah Residents Cigna Network: For Nevada Residents BlueCross BlueShield Network: For Arizona Residents	
	In-Network	Out-of-Network ¹
Deductible and Out-of-Pocket Maximum (per calendar year)		
Individual Coverage		
Deductible	\$4,500	\$9,000
Out-of-Pocket Maximum	\$4,500	\$18,000
Family Coverage (Individual / Family)		
Deductible	\$9,000 ²	\$18,000 ²
Out-of-Pocket Maximum	\$9,000 ³	\$36,000 ³
Covered Services		
Office Visits (physician/specialist)	Plan pays 100%*	Plan Pays 80%*
Routine Preventive Care	Covered 100%	Plan Pays 80%*
Outpatient Diagnostic (lab/X-ray)	Plan pays 100%*	Plan Pays 80%*
Complex Imaging	Plan pays 100%*	Plan Pays 80%*
Mental Health Service (in office)	Plan pays 100%*	Plan Pays 80%*
Chiropractic	Plan pays 100%* - up to 20 visits annually	Plan pays 80%* - up to 20 visits annually
Ambulance	Plan pays 100%*	
Emergency Room	Plan pays 100%*	
Urgent Care Facility	Plan pays 100%*	Plan Pays 80%*
Inpatient Hospital Stay	Plan pays 100%*	Plan Pays 80%*
Outpatient Surgery	Plan pays 100%*	Plan Pays 80%*
Prescription Drugs (Generic Drugs / Preferred Brand Drugs / Non-Preferred Brand Drugs / Specialty)		
Retail Pharmacy (30-day supply)	Plan pays 100%* / Plan pays 100%* / Plan pays 100%* / Plan pays 100%*	Plan pays 80%* / Plan pays 80%* / Plan pays 80%* / Plan pays 80%*
Mail Order (90-day supply)	Plan pays 100%* / Plan pays 100%* / Plan pays 100%*	Plan pays 80%* / Plan pays 80%* / Plan pays 80%*

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. [If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.](#)
2. [If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.](#)
3. [If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any one individual.](#)

Make Money by working with MotivHealth on Medical procedures through SmartPay!

When our members choose to have certain planned medical procedures performed by our high-value providers, and pay in advance, we can reduce member out-of-pocket expenses between **\$100-\$3,000**.

Get money for: MRI, CT Scan, Colonoscopy, Hernia Repair, Shoulder Surgery, Knee Surgery, Foot Surgery, Hysterectomy, Joint Replacement, Heart Bypass, Gallbladder Removal and more through **SmartPay eligible** procedures. Just give us a call!
844-234-4472

HOW TO PARTICIPATE

1- Call Us

Call our Personal Health Assistants (844-234-4472) PRIOR to scheduling a planned medical procedure.

2- Choose Care

Choose a preferred high value provider recommended by MotivHealth.

3- Pay Reduced Fee

Pay your reduced cost in advance. Ask about financial assistance if not able to pay in advance.

4- Receive Money in your HSA

If you choose the recommended provider, MotivHealth will deposit between \$100-\$3,000 into your HSA account for using that provider.

*Deposit can happen before or after procedure.

5- Get Care

Receive the medical care you need.



Are prescriptions breaking the bank?

If you or a covered dependent is taking a medication, including insulin, that costs you more than \$200 a month, we may be able to help lower or eliminate your out-of-pocket prescription costs. To see if your medication qualifies, contact our pharmacy team for a free prescription analysis at **385-247-1030**.

What MotivRX Offers

COPAY CARD ADJUSTMENTS -

Help members participate in copay assistance programs.

FULL ASSISTANCE PROGRAMS -

May be able to eliminate cost of high cost prescriptions.

DIABETIC ASSISTANCE -

Can lower or eliminate insulin and testing supplies.

FORMULARY OPTIONS -

Review meds to see if low-cost equivalents area available.

Telemedicine

HealthiestYou

Telemedicine provides access to doctors across the nation 24/7 365 days a year. About 70% of doctor visits and 40% of urgent care visits can be handled over the phone. This service gives you access to a U.S. board-certified doctor over the phone anytime, anywhere. **This service requires a \$0 visit fee for virtual general medical 24/7 services, expert medical services, mental health, neck and back care, dermatology, and nutrition visits.** All Team Members, as well as their dependents, are eligible for this service. Use telemedicine for common, non-life-threatening ailments.

Why use Telehealth?

- It's Affordable: A trip to the ER, urgent care center or doctor's office can easily set you back hundreds of dollars in out-of-pocket costs. A call to Healthiest You's Virtual Urgent Care hotline requires a \$0 consult fee.
- It's Convenient: Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. Whether you are at home, work or on the road, a medical professional is available 24/7/365 so you can get the care you need when and where it's convenient for you.
- It's Easy To Use: Create your account online at www.healthiestyou.com, via the HealthiestYou mobile app, or by calling (866) 703-1259. Spouse and dependents over age 18 will need to register separately and have an individual account.
- Get Care In Minutes The average wait time for a virtual urgent care consult is only 11 minutes.

Common Ailments

Here are a few samples of symptoms and illnesses that can be used for telemedicine.

- Allergies
- Anxiety issues
- Back problems
- Bronchitis
- Cold and flu symptoms
- Ear infections
- Diarrhea and constipation
- Headaches and migraines
- Rash and skin problems
- Sore throat and stuffy nose
- Sprains and strains
- Urinary tract infections

Other Services Include but are not limited to:

- General Medical 24/7: **\$0 visit Fee - Unlimited visits**
- Expert Medical Services: **\$0 visit Fee - Unlimited visits**
- Mental Health: **\$0 visit Fee - Unlimited visits**
- Neck and Back care: **\$0 visit Fee - Unlimited visits**
- Dermatology: **\$0 visit Fee - Unlimited visits**
- Nutrition: **\$0 visit Fee - Unlimited visits**

Create your account online at www.healthiestyou.com, via the HealthiestYou mobile app, or by calling (866) 703-1259.

Set up your HealthiestYou Account BEFORE you or a family member are sick and need to use the benefit!

Employee Assistance Program

Intermountain EAP

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide confidential program dedicated to supporting the emotional health and well-being of our Team Members and their families. Whether you or a family member are dealing with stress, anxiety, family concerns, or workplace challenges, their experienced counselors are there to listen, guide, and support you. The Employee Assistance program (EAP) is provided at **NO COST** to **ALL** Team Members, spouses, and dependents ages 6-26. Call 800-832-7733 to schedule an appointment.

EAP Benefits can help with the following issues, among others:

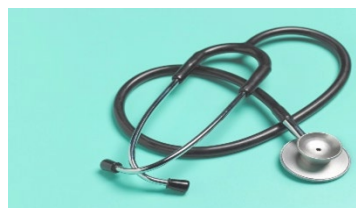
- Mental Health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

What you can expect:

- 24/7 Crisis service
- 100% Confidential
- Professional, helpful and friendly team of qualified counselors
- No copays, deductibles, or co-insurance.
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- In-person sessions with a counselor for you and your dependents
- Unlimited toll-free phone access and online resources



Wellness Program

Eligibility Requirements

Eligibility will be re-evaluated at the end of each quarter. Those team members and spouses who have used Tobacco and/or Nicotine will need to enroll in a prevention program during the 1st qtr to receive the discount. **If you and/or your spouse did not meet the quarters eligibility requirements, you will no longer receive the discounts for the rest of the year. You can re-qualify in July 2026 or by using the "one-time chance" listed below.**

****Get an Annual Physical and [get a Golden Ticket into the Wellness Grand Prize Drawing](#). See Wellness Check Sheet if enrolled on Health or Annual Physical if not enrolled on Health Insurance for full details & dates.**

April – June

Complete Quarterly Wellness Challenge – Hiking

- Or -

Earn 20 Healthy Living Points and turn tracking sheet into HR by June 30th.

- And -

For TM's who lost the discount last year because they didn't register on MotivHealth and/or complete MotivUniversity(MotivU) and/or register on Healthiest You will need to complete what was missing and **turn in screen shots by June 30th in addition to other requirements to get discount back July 1st.**

In addition for those team members and/or spouses who use Tobacco and/or Nicotine, turn into HR by June 30th Tobacco and/or Nicotine Reporting sheet. *Only required the 1st quarter of the year.

New eligible Team Members and spouses must also register on **MotivHealth**, complete **MotivUniversity (MotivU)**, register on **Healthiest You** and turn in screen shots by **June 30th**.

July – September – Additional Requirement this quarter

Complete Preventative Wellness Check and submit Wellness Check Sheet by September 30th.

Submit image of signed Wellness Check Sheet through QR Code Link on form and keep original signed copy for your records to refer back to if needed.

- And -

Complete Quarterly Wellness Challenge – 7 minute or Reflect, Refuel, Recenter

- Or -

Earn 20 Healthy Living Points and turn tracking sheet into HR by September 30th.

New eligible Team Members and spouses must also register on **MotivHealth**, complete **MotivUniversity (MotivU)**, register on **Healthiest You** and turn in screen shots by **Sept. 30**. If you or your spouse use tobacco/nicotine, you must also submit the Tobacco and/or Nicotine Reporting sheet to HR by **Sept. 30**.

October - December

Complete Quarterly Wellness Challenge – Department Challenge & Squatober

- Or -

Earn 20 Healthy Living Points and turn tracking sheet into HR by December 31st.

New eligible Team Members and spouses must also register on **MotivHealth**, complete **MotivUniversity (MotivU)**, register on **Healthiest You** and turn in screen shots by **Dec 31st**. If you or your spouse use tobacco/nicotine, you must also submit the Tobacco and/or Nicotine Reporting sheet to HR by **Dec 31st**.

January – March

Complete Quarterly Wellness Challenge – Good nights Sleep & Biggest Loser

- Or -

Earn 20 Healthy Living Points and turn tracking sheet into HR by March 31st.

New eligible Team Members and spouses must also register on **MotivHealth**, complete **MotivUniversity (MotivU)**, register on **Healthiest You** and turn in screen shots by **March 31st**. If you or your spouse use tobacco/nicotine, you must also submit the Tobacco and/or Nicotine Reporting sheet to HR by **March 31st**.

****If you lost the discount sometime during the year, you will have a one-time chance to get the discount back by completing a designated Wellness Challenge. See HR for details on how to do this. ****

Healthy Living Points

2026 – 2027

- * Earn 20 points each quarter and earn a \$25 per-paycheck **discount** on your next quarters health insurance premium.
- * Submit your electronic form to your Hotel GM or HR by the last day of each quarter: June 30th, Sept 30th, Dec 31st and March 31st

Activities / Programs

- 20 pts – Completion of the Company Wellness Challenge
- 20 pts – Completion of Weight Management Program (at least 8 weeks) – an organization program that focuses on a healthy and balanced diet
- 20 pts – Lose 5% of your body weight

Physical Activity

- Only 1 in this category can count each qtr.**
- 20 pts – Participation in an organized event such as ½ marathon, marathon, tri (Olympic/Sprint), ½ tri
- 10 pts – Complete and track an “ING” - walking, running, jogging, biking, hiking, dancing, swimming. Can include a sport that involves running or farming, digging, chopping. (12 ING’s per month)
- 10 pts – Gym membership or home gym (12 times per month)

Nutritional Activities

- Only 1 in this category can count each qtr.**
- 20 pts – No junk food for 45 days during the quarter
- 10 pts – No soda for one month
- 10 pts – No fast food for one month
- 10 pts – Bring your lunch 3 times a week for a month
- 10 pts – 64 oz of water 5 days a week for one month

Community Activities

- Only 1 in this category can count each qtr.**
- 5 pts – Participation in a community walk such as a neighborhood/private fundraiser or school event
- 5 pts – Donate blood (not plasma)
- 5 pts – Volunteer in local community

Preventive Care

- Only 1 in this category can count each qtr.**
- 20 pts – Full annual physical with labs (note: this will incur costs, see HR with any questions. Dr.’s form will be required to get the Golden Ticket for the Grand Prize.)
- 15 pts – Preventive care screening such as mammogram, colonoscopy, pap smear, prostate screening (1 screening, each type annually)
- 10 pts – Dental routine cleaning exam

Stress Management Activities

- Only 1 in this category can count each qtr.**
- 20 pts – End Screen Time (phone/TV/ Social Media) 1 hour before bed for 45 days during the quarter
- 10 pts – Attend a class, seminar, or read a book on a Stress Management, Mental Health, or Finance topic.
- 10 pts – Try different methods of relaxing and quiet the mind such as meditation, visualization, stretching, reading and deep breathing for 20-30 minutes a day (12 times per month)
- 5 pts – Get a least 7-8 hours of sleep per night for one week

Wittwer Hospitality



English Spanish

BlvdHome



English Spanish



Scan QR Code to submit points!

Dental

We are proud to offer you a choice between two different dental plans.

CIGNA DPPO LOW: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Cigna DPPO Advantage Network.

CIGNA DPPO HIGH: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Total Cigna DPPO.

Key Dental Benefits	Dental Low Plan		Dental High Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$0 / \$0	\$0 / \$0	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)				
Per Individual	\$1,500		\$1,500	
Covered Services				
Preventive Services	No charge (Does not apply to benefit maximum)		No charge (Does not apply to benefit maximum)	
Basic Services	30%	30%	20%*	20%*
Major Services	60%	60%	50%*	50%*
Orthodontia (Eligible Children Only)	Not covered		50% (\$1,000 Lifetime) No waiting Period	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. [If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.](#)

Provider Search: www.cigna.com

- Click on Find a Doctor, click on Plans through your employer or school , click on DENTIST, type in location, then click search. Any that say Cigna DPPO Advantage are In-Network with the CIGNA DPPO LOW Plan.
- Click on Find a Doctor, click on Plans through your employer or school , click on DENTIST, type in location, then click search. Any that say Total Cigna DPPO are In-Network with the CIGNA DPPO High Plan.

Vision

We are proud to offer you a vision plan.

This vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed network.

*Your frequency period begins on January 1 (Calendar year basis) Provider Search:

<https://eyedoclocator.eyemedvisioncare.com/cigna>

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$0	Up to \$45
Lenses (once every 12 months)	\$0	Up to \$40
Single Vision		Up to \$65
Bifocal		Up to \$75
Trifocal		
Frames (once every 12 months)	\$200 Allowance	Up to \$110
Contact Lenses (once every 12 months; in lieu of glasses)	\$200 Allowance	Up to \$160



Colonial Benefits

Colonial

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Colonial are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

This coverage is designed to soften the financial impact of an accidental injury by adding a benefit to help you cover the unexpected out-of-pocket costs related to treating your injuries.

Accident	Details
Sample of Services that are Covered	<ul style="list-style-type: none"> • Ambulance / Air Ambulance - \$300 / \$1,500 • Accident emergency treatment / Accident follow-up doctor visit - \$150 / \$50 • Hospital Admission - \$1,000 • Hospital Confinement - \$250/day • ICU - \$400/day • Fractures (Non-Surgical) - \$200 to \$3,750 • Fractures (Surgical) - \$400 to \$7,500 • Burns - \$1,000 to \$15,000 • Concussion - \$375 • Dental Crown (once per accident) - \$300 • Surgery - \$225 to \$1,500 • Accidental Death (Team Member) - \$50,000
Health Screening Benefits	\$50 Once per covered person/per calendar year.

Critical Illness Insurance

With Critical Illness Insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Critical Illness	Details
Team Member	Team Members can select a face amount anywhere from \$5,000 to \$20,000 in \$1,000 increments.
Spouse	50% of Team Member Amount
Child	50% of Team Member Amount
Sample of Services Covered	Heart Attack, Heart Transplant, Stroke, Invasive Cancer, end stage renal failure
Health Screening Benefits	\$50 Once per covered person/per calendar year.
Pre-existing Conditions	May Apply

Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000 - and the average length of a stay is 4.8 days. Hospital Indemnity Insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury hospitalization.

Hospital Indemnity	Details
Hospital Confinement	\$1,500
Accident Only ER	\$150
Health Screening Benefit	\$50 Once per covered person/per calendar year.
Pre-existing Conditions	May Apply

Life & Disability

Mutual of Omaha

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST for Team Members with 10+ years of Full-time continuous service and salaried Team Members.

Benefit Amount	\$50,000 / \$50,000
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Voluntary Life (Team Member-paid)

If you determine you need more than the basic coverage; you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

Coverage	Benefit Option	Guaranteed Issue*
Team Member	\$10,000 up to \$500,000 in increments of \$10,000, but no more than 5x's annual salary.	5x annual salary, up to \$200,000
Spouse	\$5,000 up to \$250,000 in increments of \$5,000 (can't exceed 1000% of Team Member)	\$50,000
Child(ren)	\$10,000 Not to exceed 100% of Team Member	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Voluntary AD&D (Team Member-Paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

Benefit Option	
Team Member	\$10,000 up to \$500,000 in increments of \$10,000
Spouse Only	50% of Team Member's benefit
Spouse + Child(ren)	Spouse Benefit: 40% of Team Member's benefit Child Benefit: 10% of Team Member's benefit
Child(ren) Only	15% of Team Member's benefit

Disability Insurance

Colonial

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability	
Benefit Percentage	Up to 60%
Monthly Benefit Maximum	Maximum: 7,500. Up to \$4,000 is guaranteed issue for the first-year enrollment on this new plan offer and then for new hires thereafter.
When Benefits Begin	You choose between 7 days and 14 days
Maximum Benefit Duration	You choose between 3 months and 6 months

Retirement Services

Voya

To help you save for the retirement of your dreams, we offer a 401(k) savings plan. You may contribute to your account via convenient, pre-tax payroll deductions or ROTH deferrals. The company also matches your contributions. Your contributions may not exceed the annual IRS maximum amount of \$24,500 (Team Members age 50 or older are eligible for catch-up contributions of \$8,000 in 2026).

Benefit	Details	
Eligibility	6 months of employment, 19 years of age & worked 500 hours (averages 20 hour per week)	
Employer Match	\$0.50 for every dollar up to \$1,200 year. Match will be a Traditional Contribution	
Traditional Contributions	Contributions taken out of your paycheck before tax. When Funds are withdrawn at retirement taxes will be paid on contributions and interest earned.	
Roth Contributions	Contributions taken out of your paycheck after tax. When funds are withdrawn at retirement no taxes are paid even on interest earned.	
Vesting (on employer match only)	2 Years - 20% 3 Years - 40% 4 Years - 60% 5 Years - 80% 6 Years - 100%	
Team Member Maximizing Company Match	Monthly	Annually
Team Member Contribution	\$200.00	\$2,400.00
Company Contribution	\$100.00	\$1,200.00
Total Contribution	\$300.00	\$3,600.00
2026 Maximum Annual Team Member Contribution	\$24,500	
2026 Catch-Up Contribution (age 50+)	\$8,000	
Automatic Enrollment	If a different election isn't made, then all eligible will be automatically enrolled at 3% increasing by 1% each July maxing out at 6%	

Online Access: www.voyaretirementplans | Member Services: 1(800) 584-6001
 You can reach your 401k Investment Advisor - GBS Retire at: info@gsbretire.com

Pet Insurance

Spot

Count on Spot when things get ruff! Spot offers preventative care coverage options, covers exam fees for covered conditions, and offers microchip implantation coverage so your furry friends stay healthy, happy, and safe. Other services include:

- Accidents
- Illnesses
- Wellness
- Dental Illnesses
- Alternative therapies for covered conditions
- Customizable annual limits, deductibles and reimbursement rates from 70%; 80%; or 90%.
- Prescription medications



Get Up to 20% Off With Your Special Discount*
spotpet.link/blvdhome

Contacts

Coverage	Carrier	Phone #	Website
Medical	MotivHealth	(844) 234-4472	www.motivhealth.com
Health Savings Account	MotivHealth	(844) 234-4472	www.motivhealth.com
Telemedicine	HealthiestYou	(866) 703-1259	www.healthiestyou.com
Dental	Cigna	(866) 494-2111	www.cigna.com
Vision	Cigna	(877) 478-7557	www.cigna.com
Disability	Colonial	(800) 325-4368	www.coloniallife.com
Voluntary Benefits	Colonial	(800) 325-4368	www.coloniallife.com
Life/AD&D	Mutual of Omaha	(800) 775-8805	www.mutualofomaha.com
Employee Assistance Program	Intermountain EAP	(800) 832-7733	www.intermountainhealthcare.org/services/eap
Pet Insurance	Spot	(888) 343-2340	www.spotpet.link/blvdhome
Retirement Services	Voya	(800) 584-6001	www.voyaretirementplans.com

Benefits Website

Our benefits website hub.employeenavigator.com can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

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DISCLAIMER: The material illustrated here is for informational purposes only and is neither an offer of coverage or legal advice. It contains only a partial description of benefits and does not constitute a contract. Please refer to the Summary Plan Description or Certificate of Coverage for complete plan details. In case of a conflict between the plan document and this information, the plan document will always govern.

